

**TENNESSEE DEPARTMENT OF EDUCATION  
OFFICE FOR CIVIL RIGHTS  
DISCRIMINATION COMPLAINT FORM**

If necessary use additional paper to complete responses to the questions. If you use additional sheets please include the question number so that we will know which question the response is directed at addressing. If you are not typing your responses please print in blue or black ink.

1. \*Complainant Information:

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Telephone Number (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Date of Birth \_\_\_\_\_

What is the best time to reach you? Please Circle:                      day                      evening

2. Are you making this complaint on behalf of a student? \_\_\_\_\_

If YES, please answer questions 2a, and 2b.

If NO, please proceed to question 3

2a. Name of minor child on whose behalf you are complaining

\_\_\_\_\_

2b. Address of minor child if different from above

\_\_\_\_\_

\_\_\_\_\_

3. What institution or agency do you believe behaved in a discriminatory manner?

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Telephone Number (    ) \_\_\_\_\_

\_\_\_\_\_

\* If you are making this complaint on behalf of yourself or for a minor please insert your information here

4. What specific individual(s) do you allege to have behaved in a discriminatory manner within this institution? Please give as much information as possible. Please attach additional sheets if necessary including the same information

A. Name \_\_\_\_\_  
Title \_\_\_\_\_  
Department/School \_\_\_\_\_  
County that Department/School is located \_\_\_\_\_  
Address of Department/School \_\_\_\_\_  
Phone number at which this person may be reached \_\_\_\_\_  
Is this person your supervisor? \_\_\_\_\_

B. Name \_\_\_\_\_  
Title \_\_\_\_\_  
Department/School \_\_\_\_\_  
County that Department/School is located \_\_\_\_\_  
Address of Department/School \_\_\_\_\_  
Phone number at which this person may be reached \_\_\_\_\_  
Is this person your supervisor? \_\_\_\_\_

5. Please state the date of the last alleged discriminatory act \_\_\_\_\_

6. If the last act occurred more than one hundred eighty (180) days before the date of this submitted complaint please explain the delay in the filing of this complaint \_\_\_\_\_

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7. What is the basis of your complaint? Please check all that apply, and specify the race, color, national origin, gender, disability, or age of the person alleged to have suffered the discrimination:

☐ Race \_\_\_\_\_

□Gender\_\_\_\_\_

☐ Color \_\_\_\_\_

☐ Handicap or Disability \_\_\_\_\_

☐ National Origin \_\_\_\_\_

□ Age \_\_\_\_\_

8. Action taken by agency/institution:

Please explain what specific event(s), or action(s), occurred that lead to your belief that unlawful discrimination had taken place. Please list the name(s) of all individuals who were involved and the date on which each incident(s) occurred. If this complaint is alleging employment discrimination, please be sure to state the race, national origin, physical ability or gender of the person who in your opinion received an unfair advantage because of the alleged discrimination. Be as specific as possible. Attach additional sheet(s) if necessary.

[illegible]

9. Have you tried to resolve this complaint through the internal grievance procedure of the institution or agency? Yes No

If yes, what is the status of the grievance? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title of the person who is handling the grievance.

\_\_\_\_\_

If you at later date file a grievance through the internal grievance procedure please inform this office so that may be noted to your complaint file.

10. Have you filed a complaint with any other local, state, federal agency? \_\_\_\_\_

a. What is the name of the agency with whom you have filed a complaint?

\_\_\_\_\_

b. What is the address and phone number of the above named agency?

\_\_\_\_\_

c. Who is your contact person for this complaint?

\_\_\_\_\_

d. What is the status of this complaint?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If at a later date a complaint is filed with another local, state, or federal agency please notify this office in writing so that the information may be added to your complaint file.

11. Have you filed a lawsuit in federal or state court based on the allegations you have made in this complaint? \_\_\_\_\_

What is the status of that lawsuit? If there was a decision please submit a copy of decision.

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If at a later date a complaint is filed with a federal or state court please notify this office in writing so that the information may be added to your complaint file.

12. Has this complaint been filed with this agency before? Yes No

If yes, when: \_\_\_\_\_

What was the result: \_\_\_\_\_

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Please sign and date below

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Signature of Complainant Date

Please feel free to attach additional documents that you feel are necessary to explain or support your complaint. Mail to:

**Tiffany Baker Cox, Esq.**  
**Director, Office for Civil Rights**  
**Tennessee Department of Education**  
**6<sup>th</sup> Floor, Andrew Johnson Tower**  
**710 James Robertson Parkway**  
**Nashville, TN 37243**  
**O-615-253-1550; F-615-532-2599**

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**Personnel use only**

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Name person who received (print) Signature Date received by OCR

OFFICE FOR CIVIL RIGHTS  
NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION

All documents created by this office are public records pursuant to T.C.A §10-7-503. The pertinent section, T.C.A §10-7-503(a), states:

(a) Except as provided in § 10-7-504(f), all state, county and municipal records and all records maintained by the Tennessee performing arts center management corporation, except any public documents authorized to be destroyed by the county public records commission in accordance with § 10-7-404, shall at all times, during business hours, be open for personal inspection by any citizen of Tennessee, and those in charge of such records shall not refuse such right of inspection

Be advised that a complaint filed with this office as well as any documentation created as a result, with the exception of complaints filed on behalf of students (discussed below), will become a state record pursuant to this law. The office will maintain your privacy as much as possible, but if requested we must turn over any documents maintained as a result of this complaint. However, please do not be discouraged from filing for fear of retaliation if you feel that unlawful discrimination has occurred within a Local Education Agency (LEA). There are several retaliation laws which will protect you from any potential adverse action from an LEA for filing this complaint. The information TOCR collects is analyzed by authorized personnel within the agency and will be used only for civil rights compliance and enforcement activities. In order to resolve a complaint, there may be times when TOCR may need to reveal certain information to persons outside the agency to verify facts or gather additional information. Such details could include the age or physical condition of a complainant. Complaints filed by, or on behalf of a student, are protected under the Family Educational Rights and Privacy Act (FERPA). FERPA, which is a federal law, as well as Tennessee Code Annotated §10-7-504 (A)(4)(a), makes records of students confidential. TOCR will not reveal the name or other identifying information about a student to anyone other than authorized personnel of this Department, the LEA and its representatives, or other educational facilities as necessary to complete the investigation or enforce the statute. Such information will be used only for authorized civil rights compliance and enforcement activities.

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